

County Women's Network Scholarship Application – Winter 2003

Please complete the following application details and supplemental application.

The applications will be reviewed anonymously, therefore, please **do not** include your name on the supplemental application. The scholarships will be reviewed and awarded based on candidate's answers to the supplemental application as well as written communication skills.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Work Phone: _____

Home Phone: _____

Have you been a CWN member for the past 12 months? Yes _____ No _____

Dollar Amount Requested: \$ _____

Please describe what you plan to use the scholarship for if you are successful in the process:

I certify that all statements made in this entire application, including the supplemental application, are true and complete to the best of my knowledge.

Name: _____ Signature: _____ Date: _____

Supplemental Application

Social Security # _____
DO NOT INCLUDE YOUR NAME

1. What are your short-term and long-term career goals? What steps have you taken to achieve these goals and how will the award of the scholarship assist you in your professional development?

[illegible]

Supplemental Application

Social Security # _____
DO NOT INCLUDE YOUR NAME

- Describe any experience you have had, either inside or outside of work, in initiating a project or effecting a change. What steps were involved, how did you become involved in the project and what was your role and your responsibilities?

[illegible]